08/14/2017 HON 11/49 FAX 8655942168 Dept of Hoalth

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THE MILE	TOF DUFICIENCIES OF CORRECTION	& MEDICAID SERVICES 45 (At) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP	PLE CONSTRUCTION	FORM APPROVI OMB NO. 0938-03 (X3) DATE SURVEY
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NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	08/02/2017
	Y PARK PLACE HEAL] [5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 17918	
(X4) ID PREFIX	I LENGH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORRE	
TAG	REGULATORY OR LE	C DENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	34 th area (30)
F 000	INITIAL COMMENT	s	F 000	F-282	
5.000	7/31/17-8/2/17 at 8e Rehab, no deficienci the complaint under Requirements of Lor	verly Park Place Health and es were cited in relation to 42 CFR PART 483, and term Care Facilities.		1. Resident #326 was screened by a P. Assistant on 08-01-17. The screen An order was written on 08-08-17 f Therapy to evaluate and treat for a connecte weakness.	was positive.
35=U	483:21(b)(3)(ii) SER' PERSONS/PER CAI (b)(3) Comprehensiv The services provide	VICES BY QUALIFIED RE PLAN Care Plans d or arranged by the facility	F 282	2. A 100% audit of care plans was con 08-18-17 by Unit Managers and Rep Any areas of concern identified wer the Unit Managers and Registered N	gistered Nurses
	must- (ii) Be provided by quaccordance with each care. This REQUIREMENT by: Based on medical related interview, the factorities of Daily Living are plan for restorations.	alified persons in a resident's written plan of is not met as evidenced cord review, observation, filly failed to implement the ig (ADL) comprehensive services for 1 of 3 126) reviewed for ADLs.		A 100% audit of doctor's orders from 8-11-17 was completed on 08-11-17 Managers and Registered Nurses. A concern identified were corrected by Managers and Registered Nurses. 2. A new therapy process for implement Restorative Nursing Program was de Director of Therapy and the Director 08-02-17. Physical Therapist #1 was by the Director of Nursing on the new process for implementing a Restorative Program on 08-02-17.	by Unit my areas of the Unit nting a veloped by the of Nursing on in-serviced
o S F	lagnoses including D chizophrenia and Ma urther review reveale	of the "Diagnosis List" form of Resident #326 revealed ementia with Lewy bodies, pr Depressive Disorder, d on 6/8/17, a new ties of galt and mobility		Therapy staff, Restorative Nurse Aide Restorative Nurse, Care Plan Nurses of Managers were in-serviced on the new process for implementing a Restorative Program by the Director of Nursing fit to 08-16-17.	and Unit v therapy
R "N	eview of the most red Ainimum Data Set' (N	ont comprehensive IDS) daled 4/6/17 and a			
•		UPPLIER REPRESENTATIVE'S SIGNATU		<u> </u>	

Any deliciency statement ending with an exterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that office saleguards provide sufficient protection to the patients. (See instructions.) Except for musing homes, the findings stated above are disclosable 90 days delivering the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 90 days dollowing the date those documents are needs available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continues:

FORM CMS-2567(02-99) Previous Vursions Character

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Facility III TN4705

If continuation sheet Page 1 of 11

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F 28	quarterly MDS dated #326 required the as mobility and transfer room with limited as Further review of the "Nursing Assessmer Resident #326 had a required supervision transfers. A "Nursing revealed the resident self-propelled himsel Review of the current 4/10/17 indicated Reassistance of staff for instability. An intervence plan on 5/18/17 nursing program as a had no documentation	16/28/17 revealed Resident selstance of one staff for bed is and was able to walk in his selstance of one staff member. In clinical record revealed a self-dated 4/8/17 Indicated to cognitive concerns and for bed mobility and passessment dated 6/7/17 was full weight bassing.	F 28	20% of care plans will be audited weekly x 4 and monthly x2 and/o compliance is achieved by Unit N of Nursing and/or Registered Nur 20% of doctor's orders will be authrough weekly x4 and monthly x 100% compliance is achieved by Director of Nursing and/or Register Results of the findings will be repuly achieved. The Quality Assurance Performance in Committee x 3 months or until 100 achieved. The Quality Assurance Improvement Committee consists Administrator, Director of Nursing Director of Nursing, Unit Manager Manager, Staff Development Coord Services Department, MDS Coording Maintenance Director, Laundry Director, L	r until 100% fanagers, Dire ses. dited for follow 2 and/or until Unit Managers cred Nurses. orted to the uprovement 0% compliance Performance of the g, Assistant es, Therapy dinator, Social	v e is
	Observation of Reside 10:08 AM revealed he assistance of his sister from and was ambute Observation of Reside PM revealed he was in Hall in his wheelchair. An interview conducte Staff #1 on 8/1/2017 a therapy office revealed discharged from physical therapy goals	his progress lowards his		Admissions Director, Laundry Director, Business Off Housekeeping Director, Medical R. Manager, Activity Director, and M.	ice Manager	
	for instructions for Res	léén Written on Shambaa 📗			,	

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#320 had not received any restorative nursing service since 5/18/2017 when he was discharged	10	ne restorative staff o	f the specific program for the !	: -			
service since 5/18/2017 when he was discharged	. 4	esident. Continued	merview confirmed Resident			ĺ	
from physical therapy	.	ervice since 5/18/20	17 when he was distant	,		ļ	
	f f	rom physical therapy	. when he was discharged			-	

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If continuation sheet Page 4 of 11.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES		•	PRINTED: 08/09/2011
ISTATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIERICITA IDENTIFICATION NUMBER:	(X7) MULT	PLE CONSTRUCTEDM	FORM APPROVED OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		445131	6 WING		
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	08/02/2017
	Y PARK PLACE HEAL			5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918	
(X4) (D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUCL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDEN'S PLAN OF CORRECTION (FACILI CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODUCTION OF CORRECTION	D DC
F 282	Continued From page	je 3	F 28	2	
	AM with the Directo Corporate Nurse in Resident #326 had a ADL care plan dated services for ambular not implemented accompressive care planta. 24(a)(1) TREAT IMPROVE/MAINTAI (a)(1) A resident is getreatment and service or her ability to carry fiving, including those of this section. This REQUIREMEN by: Based on medical restorative nursing and interview, the fact restorative nursing a provided to 1 of 3 serviced for Activitie. The findings included the clinical record in the clinical record and Medical record review in the clinical record and mobility.	MENT/SERVICES TO NADLS iven the appropriate es to maintain or improve his out the activities of daily especified in paragraph (b) It is not met as evidenced accord review, observation could be for ambulation were evices for ambulation were expled residents (#326) of Daily Living (ADL). It is not met as evidenced accord review, observation could be for ambulation were evices for ambulation were expled residents (#326) of Daily Living (ADL). It is not met as evidenced according to the "Diagnosis List" form or Resident #326 revealed Dementia with Lewy bodies, alor Depressive Disorder, ed on 6/8/17 a new of abnormalities of his gait	F 31	F-311 L. Resident #326 was screened by a Physic Assistant on 08-01-17. The screen was An order was written on 08-08-17 for Pl Therapy to evaluate and treat for a diagramusele weakness. A 100% audit of care plans was complet 08-18-17 by Unit Managers and Register Any areas of concern identified were conthe Unit Managers and Registered Nurses A 100% audit of doctor's orders from 05 8-11-17 was completed on 08-11-17 by U Managers and Registered Nurses. Any a concern identified were corrected by the Managers and Registered Nurses. A new therapy process for implementing Restorative Nursing Program was develop Director of Therapy and the Director of Ne-02-17. Physical Therapist #1 was in-sby the Director of Nursing on the new the process for implementing a Restorative N Program on 08-02-17.	positive hysical posis of ed on red Nurses. rected by s
·	"Minimum Data Se(" (cent comprehensive MOS) dated 4/6/17 and a 6/28/17 revealed Resident			

Facility ILL: TN4705

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TEMEN.	T OF DEPICIENCIES	& MEDICAID SERVICES	Tomas			MB NO	APPRO . 0938-
rean (OF CORRECTION	IDENTIFICATION NUMBER	A BUILI	DIÁC	LE CONSTHUCTION	(X3) DAI	E SURVE
		445131	H WING	;			
ME OF I	PROVIDER OR SUPPLIER		. <u>i</u>		STREET ADDRESS, CITY, STATE, ZIP CODE	080	02/2017
VERL	Y PARK PLACE HEA	LTH AND REHAR	•] (6321 BEVERLY PARK CIRCLE		
		<u></u>			KNOXVILLE, TN 37918		
(4) ID REFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I'ULL	ID	_	PROVINCES PLAN OF CORRECTIO		
TAG	REGULATORY OR L	SCIDENTIFYING INFORMATION)	PREF		(FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLET COMPLET DATE
311	Continued From pa	ne 4			Therapy staff, Restorative Nurse Aides,		
	#326 required the a	ssistance of one staff for bed	F;	311	Restorative Nurse, Care Plan Nurses and	17-24	8-18.
	mobility and transfer	rs and was able to walk in his			Wianagers were in-serviced on the new th		
ļ	room with limited as	ssistance of one staff member.			process for implementing a Rectarding N	T	
ĺ	Further review of th	e clinical record reveated a			1 10 giant by inc Director of Nursing from	08-02-11	b
1	Nutsing Assessme	nt dated 4/8/17 that indicated t			to 08-16-17.]	
ł	Resident #326 had	no countive concerns and li			4		1
	required supervision) for bed mobility and			20% of care plans will be audited for acco		
	transfers. A Nursin	g Assessment" dated 6/7/17			weekly x 4 and monthly x2 and/or until 1	TRCY	
	revealed the resider	nt was full weight bearing and			compliance is achieved by Unit Managers	00%	
- 1	sen-hiobered tituse	of in the wheelchair.			of Nursing and/or Registered Nurses.	, Directo	r .
	Review of the most	current ADL care plan dated			1	ŀ	•
	4/10/17 révosied a c	problem documenting		٠.	20% of doctor's orders will be audited for	follow	
- 1	Resident #326 requi	red the assistance of class to-	•		I "HOUGO WEEKIV X4 and monthly vo and a		
	ALLS due to his bai	l instability An intercepta- 1		. ;	1 100 / Compliance is achieved by Their Ma		. ;
	was added to the A[Care plan on 5/17/17 to			Director of Nursing and/or Registered Nur	rses.	
. 1	begin a restorative n	ursing program as directed.		-	Results of the findings 411	. 1	• .
		1			Results of the findings will be reported to Quality Assurance Performance Improven	the	٠.
	Keview of the "Phys	cal Therapy" notes provided	•		Communice x 3 months or until 100% com	-1:	
	ov me mathotate un	66 on 8/1/17 at 10:50 AM	Constant of the		Lacintoved. The Quality Assurance Perform	ance	
- 13	Chysical therapy etar	326 had been receiving ting on 4/10/17 due to	•••		I unprovement Committee consists of the	1	**************************************
: i	Muscie weakness: d	ifficulty walking and was			Administrator, Director of Nursing Assists	ant	
	noted to have a died	BOSIS Of Demonting with Laws.	٠.	- [Discor of Nursing, Unit Managers, These		
1	uudies A Physical	I Terris haled alon "VGS1901		J	Manager, Sigil Develorment Coordinator	Social	
1.9	accumented Residei	N #326's goal for ambulation	-		Services Department, MDS Coordinators, Maintenance Director, Laundry Director,	-	٠.
	Mas not met dunae e	ibusical bases			Aumissions Director, Rusings Office Vi-		. '
, , ,	continued to require :	Siand by assistance due to			mousekeeping Director, Medical Pagorde 1	Diagonal III	
		GUSIONALIOSS NI COLAN	•	- 1	Manager, Activity Director, and Medical D	irector.	
	ndicaled the recides	gued. The long-term goal	<i>5</i> -	- 1		1	
_ 1	rained in the restore	and the staff would be live nursing program upon		1		1.	
d	ilscharge from physi	cal therapy.		-1	· ·		
					· · · · · · · · · · · · · · · · · · ·		•
C	Observation of Rosid	ent #326 on 7/31/17 at		1		1	
!]	U:UB AM revealed hi	Was ambidation with the		- [į	
. ja	issistance of his sisti	of to the balliroom in his				. [
110	oom,and was ambul	tion with a steady gail		. [٠.
i C	oservation of Resid	ent #326 on 8/1/17 at 1:28		ľ			

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CEN	TERS FOR MEDICAR	H AND HUMAN SERVICES			FORM): 08/09/2017 AAPPROVEC
STATEN AND PU	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER	(X2) MULTII A. BUILOIN	THE CONSTRUCTION	(X3) DA). 0938-0391 TE SURVEY MPLETED
		445131	B. WING _	·]	
NAME	OF PROVIDER OR SUPPLIER	`		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	/02/2017
SEVE	RLY PARK PLACE HEA	U TH AND BELLAN		5321 BEVERLY PARK CIRCLE		
		CIT AND RENAB		KNOXVILLE, TN 37918		
(X4) [D SUMMARY ST	ATEMENT OF DEFICIENCIES	IU	PROVIDER'S PLAN OF CORRECT		Т
PREF	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EAGH CONNECTIVE ACTION SHOULD CHOSS-REFERENCED TO THE APPRIL DEFICIENCY)	N O or	GOMPLETION COMPLETION
F3	11 Continued From pa	age 5	5.44			
		as in the hallway on the 200	F 311			1
	Hall in his wheelch	air.		-		
)		·]			i .
	An interview was c	onducted with Physical		1		!
	Therapy Staff #1 o	n 8/1/17 at 3:40 PM In the	J	1		}
	#326 was discharA	fice and revealed Resident	ļ	1		i I
	5/18/17 as he had	ed from physical therapy on plateaued in his progress.	}	}		
	Continued Interview	V confirmed a note written on	}			i I
	5/16/17 for instruct	ions for Resident #326 in		1		
	begin receiving res	torative nursing services after			ι	į į
	Continued interview	rom physical therapy. y confirmed when restorative			`	
	nursing services ar	e ordered after a resident is				1
	released from phys	ical therapy, it is the therapy				l í
	departments respo	insibility to write the restoration]
	pian and have it sig	ined by the physician before				
	interviewed confirm	ing services begin. Continued				1
	never obtained and	ed a physician signature was d a new restorative plan was				·
	The ver written for Re	Sident #326: therefore he		·		1
	I never received rest	Ofalive nutting services for				' l
	ambulation after the on 5/18/17.	recommendation was made			J	- }
	011 3718/17.					ŀ
	An interview was co	onducted with Restorative	·			ĺ
	Nurse Manager Rec	Distered Nurse #4 on 8/2/17 or i			j	j
	UV:05 AM outside th	ié lower level conference : L			1	- 1
	room. She stated s	he was not aware of an order			1	- 1
	Resident #326 and	restorative program for he is currently not receiving	J		}	i
	any restorative nurs	ing services from her	. [l	- 1
	department. Contin	ted interview confirmed if the	- 1		- !	1
	I therapy department	determines a resident			ĺ	f
	i requires restorative	NU/SIDO Services they will in	}		1	
	write a restorative ni	Ursing program, and they will			.]	1
	DEPOTE OF The restorative	e slaff of the specific				
	: #326 had not receive	dent. She verified Resident			1	

FORM CMS-2507 (02-89) Provious Versions Obsolute

Event ID, QVZY11

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DEP.	ARTMENT OF HEALTH	AND HUMAN SERVICES	•		PRINTE(D: 08/00/2017
STATE	TERS FOR MEDICARE	& MEDICAID SERVICES			FORM	MAPPROVED
AND PL	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION C	(X3) DA	D. 0938-0391 TE SURVEY MPLUICD
L		44513 1	D. WING		-	
NAME	OF PROVIDER OR SUPPLIER			CLOUTE ADDRESS	08	/02/2017
BEVE	RLY PARK PLACE HEAL	TH AND DEHAR	ĺ	STRUCT ADDRESS, CITY, STATE, ZIP CODE. 5321 BEVERLY PARK CIRCLE		
<u> </u>				KNOXVILLE, TN 37918		
PREF	X	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD GROSS-REPERIENCED TO THE APPRODEFICIENCY)	D 0F	COMPLETION (X4)
F3	service since 5/18/1	7 when he was discharged	F 311	1		† .
F 33 SS=I	An interview was co Aide (CNA) #4 on 8. hallway of the 200 H #326 had done very room but stated he times, becomes fall. An interview was co AM with the Director Corporate Nurse in Resident #326 had a from physical therap services for ambulal plan was not develop been provided. 3 483.45(f)(2) RESIDE SIGNIFICANT MED 483.45(f) Medication The facility must ens (f)(2) Residents are finedication errors. This REQUIREMENT by: Based on medical reand interview, the facility and interview, the facility administration. The findings included	inducted with Certified Nurse (1/17 at 3:40 PM in the Ital). She confirmed Resident well with ambulation in his does lose his balance at gued and is at risk for fails. Inducted on 8/2/17 at 11:00 of Nursing (DON) and the Italian endoctory of the Pon office. They verified a recommendation on 5/18/17 by to begin restorative nursing and; and services had not ENTS FREE OF ERRORS Errors. Little Transport of the prevent and p	F 333	I. Resident #438 was assessed by the N Practitioner on 08-01-17 with no advidentified. Vital signs were immediated on 08-01-17 by the Certified Nursing digoxin level was ordered by the Nurs STAT on 08-01-17 which was within limits. An EKG was ordered by the N Practitioner on 08-01-17 and it was within limits. Family was notified of error by Registered Nurse on 08-01-17. Regis #1, Licensed Nurse #2 and Registered were in-serviced by the Director of Nt 01-17 on the monthly medication admirecord change over process and the ad process. 2. A 100% July to August medication admirecord change over audit was complete 17 by the Unit Managers and Registered Any areas of concern identified were of the Unit Managers and Registered Nurse William Process.	erse outco tely obtain Assistant Se Practiti normal lurse ithin norm y the tered Nur Nurse #2 ursing on inistration mission of	ed A pner aal se 08- a rder

FORM CMS-2567(02-00) Province Versions Obsoleto

Event ID: QVZY11

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If continuation sheat Page 7 of 11

08/14/2017 MON 11:51 FAX 8655942168 Dept of Health

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C8	EPART ENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTE	D: 00/08/2017
ISTAT	EMENT	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILOII	TIPLE CONSTITUCTION	OMB NO	MAPPROVED 2. 0938-0391 TE SURVEY MPLETED
L_		<u>.</u>	445131	8. WING_	•		
NAM	AE OF F	ROVIDER OR SUPPLIER		1 2 111/0-	STREET ADDRESS, CITY, STATE, ZIP CODE	80	/02/2017
BE	VERLY	PARK PLACE HEAL]	5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918	_	
PR	4) ID GEFIX AG	(EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION	IO PRFFIX TAG	PROVIDERS VI AN DE CORRECT		COMPLETION DATE
F	MARIANE COMER INUITABLE INPO	diagnoses of Chronic Disease and Heart F Medical record revie 7/28/17 through 7/31 medication used to twas not ordered. Further acute care hospitated 7/28/17, revea Medicines: digoxin (confictor of the cord review 1/1/17 through 8/31/1 megical record review 1/1/17 at 8:12 AM, on 1 administered Digoxiablet by mouth once 1/1/17 at 8:12 AM, on 1 administered Digoxial adminis	e facility on 7/28/17 with a Dostructive Pulmonary failure. w of Physician's Orders for /17 revealed Digoxin (a reat various heart conditions) ther medical record review of lai's "Patient Summary" led "Stop Taking These ligoxin 125 mcg ligoxin 125 mcg ligoxin 125 mcg ligoxin 125 to y mouth once daily" of the July 2017 lation Record (MAR) was not included. Further revealed the August 2017 in 125 mcg tabTake 1 daily" ered Nurse (RN) #1 on the main floor, revealed RN (in 125 mcg by mouth to de Practical Nurse (LPN) 7 at 8:44 AM, at the main onfirmed Digoxin had been light in 12:10 from, revealed the August led Physician's Order.	F 33		record chase process to 08-18-17. Nursing ad by the the admis 14-17. will be or until 100 Managers a new led to the compliant of formance the assistant Therapy ators, tor, Manager, and Dispersion of the compliant of the compliant of the assistant of the assistant of the compliant of the assistant of the applications, tor, Manager, and Dispersion of the compliant of the compliant of the compliant of the assistant of the compliant of the complia	nge y a sion % nd ce is

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TATEMEN'	TOF DEFICIENCIES	& MEDICAID SERVICES (XI) PROVIDER/SUPPLIER/CL/A	T.www		ROR NO <u>BMO</u>	0938-03
IND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DA	TE SURVEY
		445131	B. WING _		1	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	3/02/2017
BEVERL	Y PARK PLACE HEAL	TH AND REHAB		5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	- i p			
TAG	REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT [EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPL DEFICIENCY]	1100=	COMPLETIC DATE
F 333	Continued From page	ge 8	F 33:	3		
	Physician's Orders 1	from the resident's admission	' 55.	"		1
	Interview revealed " pharmacy should ha	Anurse and someone from				
	Interview with LPN #	2 on 8/2/17 at 3:36 PM, in				
i	the conference room, confirmed the LPN checked the pharmacy generated Physician					
	Orders for August 26	017 for accuracy with a				
1	concurrent review of	the Physician Orders for July I	X.			<u> </u>
ļ.	She had not clarified	linued and LPN #2 confirmed whether the Digoxin, not				
	included in the July :	2017 admission orders was				
- !	to be included in the	August 2017 Physician		F-425		
-	Orders. Injerview co	onfirmed the failure to records accurately resulted				13-18-1
	III Kesideni #438 fec	xtiVing Digoxin 125 mca by − 1		1.		
!	ութուլու գուրդ է Ձէ Ց	5:32 AM. I		Resident #438 was assessed by the ?	.7	1
5S≂D	483.46(a)(b)(1) PHA ACCURATE PROCE	RMACEUTICAL SVC - DURES, RPH	F 425	identified. Vital signs were immediately	erse outcom	1
	(a) Procedures, A fa	cility must provide		1 on vo-01-1 / by the Certified Nursin.	A animone	i a
- 1.	pharmaceutical servi	ces (including procedures		digoxin level was ordered by the Nu STAT on 08-01-17 which was within	rea Donatitio	ner
	mai assure the accur	fale acquiring receiving		I minute. An EKG was ordered by the	M.—	!
Į:	piologicals) to meet (inistening of all drugs and he needs of each resident.	•	limits. Family was notified of error	vithin norm	
	(b) Service Consultat	ion. The facility must		Registered Nurse on 08-01-17. Regi #1, Licensed Nurse #2 and Registered	Stored Ni	
} •	employ or obtain the obtainmacist who	services of a licensed		01-17 on the monthly medication adm	ursing on (8-
(1) Provides consulta	tion on all aspects of the		record change over process and the ac process.	lmission or	der
1	provision of pharmac	y services in the facility; Is not met as evidenced				
[Based on medical re-	cord review, observation,	ļ		. 1	
6	ing interview, the faci	ility failed to provide	ļ		}	
1 1	national services are in the second	es (including procedures ate acquiring, receiving,				
1		modernia, receiving				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A BIDITION NUMBER: BEVERLY PARK PLACE HEALTH AND REHAB STREET ADDRESS, CITY, STATE, ZIP CORE BEVERLY PARK CIRCLE KNOXVILLE, TN 17918 FAUNCE OF PROPRIATE PROPRIEM NOT A PROPRIATE FROM TAD PREPIX TAD PREPIX FALSO Continued From page 9 dispensing, and administration of all drugs) for 1 resident (#438) of 5 residents observed during medication under one observed during medication or review revealed Resident #438 was readmitted to the facility on 7728/17 with diagnoses of Chronic Obstructive Pulmonary Disease and Heart Failure. Medical record review of Physician's Orders for 7/28/17 through 7/31/17 revealed Digoxin (a medication used to treat various heart conditions) was not ordered. Further medical record review of the acute care hospital's "Pattent Summary" dated 7/28/17, revealed "Digoxin 125 mcg db, take 1 tablet 1 ta		INVICATEDATION	I THE LIEE TOTAL MODIES	IXII PROVIDED CURRENTE	 -		FORM APPROVED
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Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director Manager, Activity Director, and Medical Director		:	· POLIMINATE (CD DKIOX)	in 125 mcg by mouth to]	Maintenance Director, Laundry Direct	tor
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AND PLANT	OF CORRECTION	RIENTIFICATION NUMBER:			CONSTRUCTION	(X3) DA	MPLCTED
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NAME OF	PROVIDER OR SUPPLIER		<u>' </u>	STR	EET ADDRESS, CITY, STATE, ZIP COC	08	/02/2017
BEVERL	Y PARK PLACE HEA	LTH AND REHAB		532°	1 BEVERLY PARK CIRCLE DXVILLE, TN 37918		
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F 425	pharmacy had ente medications by a fa List" from the acu 1:40 PM that includ	nge 10 red Resident #438's rxed "New Home Medication te care hospital on 7/28/17 at ed " dlgoxin [digoxin 125 tab ORALLY Once Daily"	F4	25			
	was to reconcile the admission orders re home. Further inter	and revealed the procedure faxed list with the written eceived from the nursing rview revealed a data entry ermacy was responsible for	·				
ł	2017 Physician Ord MAR were generate to the nursing home part of the resident's Interview with Pharm	and confirmed the August er's and the August 2017 ed by the pharmacy and sent with the Digoxin included as medication regimen, nacist #1 confirmed the procedures had contributed r.			·		
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